

COMMERCIAL BUILDING PERMIT APPLICATION

CITY OF LONGVIEW

THIS APPLICATION IS VALID FOR 180 DAYS

ADDRESS / LOCATION: _____(LOT)(APT)(STE)_____

GENERAL CONTRACTOR: _____

PROPERTY OWNER: _____

DESCRIPTION OF WORK: _____

IS THIS PROJECT: _____NEW CONSTRUCTION _____REMODEL/ADDITION

**WILL YOU BE REQUIRING ANY
OF THE FOLLOWING TYPES OF
WORK THAT REQUIRE PERMITS?**

ELECTRIC _____

PLUMBING _____

GAS _____

MECHANICAL _____

NFPA 13D FIRE SPRINKLER
SYSTEM _____

CORNER LOT?

_____ YES

_____ NO

CURRENTLY OCCUPIED?

_____ YES

_____ NO

FRONT SETBACK: _____

REAR SETBACK: _____

SIDE SETBACK(R.): _____

SIDE SETBACK (L): _____

**SETBACKS ARE MEASURED FROM THE
PROPERTY LINE NOT THE CURB**

**IS PROJECT REGISTERED FOR TAS
REVIEW? YES _____ NO _____
CONFIRMATION #: _____**

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____ UNIT _____

OR TRACT _____ SECTION _____ SURVEY _____ ABSTRACT _____

FOUNDATION TYPE: _____ PIER/BEAM _____ SLAB _____ OTHER _____

ROOFING MATERIALS: _____ COMP _____ WOOD _____ TILE _____ BUILT UP _____ OTHER _____

ROOF DESIGN: _____ TRUSS _____ CONVENTIONAL _____

RETAINING WALL: _____ CONCRETE _____ KEYSTONE _____ OTHER _____ HEIGHT _____

IS THERE AN OIL WELL WITHIN 150' OF PROPOSED STRUCTURE? ☐ YES ☐ NO

SQ. FOOTAGE OF PROJECT: _____

**I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN
PERFORMED IN ACCORDANCE WITH THE TEXAS ASBESTOS
HEALTH PROTECTION RULES (TAHPR) AND THE NATIONAL
EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS
(NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR
DEMOLISHED.**

VALUATION OF WORK: _____

SIGNATURE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

FOR OFFICE USE ONLY

APPLICATION FEE: _____

CHECK/CASH: _____

DATE: _____

ENTERED BY: _____



*****Plans submitted not to exceed 24" in length and no smaller than 8"x11"*****